

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09962491

FILING DATE

APPLICANT(S)

1-15-04

CLAIMS

1-15-04

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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9	1					
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41						
42	1					
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45						
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52						
53						
54						
55						
56						
57	1		1			
58						
59						
60						
61						
62						
63	1		1			
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97						
98						
99						
100						
TOTAL IND.	9		8			
TOTAL DEP.	63		61			
TOTAL CLAIMS	72		69			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS